

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

Temporary to trace mobile phone
APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
MAY 18 2017

Permit #:	17-0008T
Date:	5-03-17
Amount Paid:	\$80 5-19-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	
Owner's Name: <u>MIE & NICOLE BURGER</u>	Mailing Address: <u>2474 PINECHOP DR</u> City/State/Zip: <u>BAYVIEW, WI 54873</u> Telephone: _____
Address of Property: <u>48765 RIVER ROAD</u>	City/State/Zip: _____ Cell Phone: <u>715-292-2153</u>
Contractor: <u>BURGER</u>	Contractor Phone: _____ Plumber: _____ Plumber Phone: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: <u>NE 1/4, NE 1/4</u>	Tax ID# (4-5 digits): <u>2159</u> Recorded Deed (i.e. # assigned by Register of Deeds) Document #: <u>2015</u> R- <u>559086</u>
<u>NE 1/4, NE 1/4</u>	Gov't Lot: <u>1</u> CSM: <u>894</u> Vol & Page: <u>6/70</u> Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____
Section <u>19</u> , Township <u>34</u> N, Range <u>09</u> W	Town of: <u>BAYVIEW</u> Lot Size: _____ Acreage: <u>7.720</u>

<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes--continue <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue	Distance Structure is from Shoreline: <u>Approx 400</u> feet Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>10,000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City (New) Sanitary Specify Type: _____	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	
			<input type="checkbox"/> Foundation		<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>14</u>	Width: <u>70</u>	Height: <u>10</u>
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<u> </u> X <u> </u>)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<u> </u> X <u> </u>)	
	with Loft	(<u> </u> X <u> </u>)	
	with a Porch	(<u> </u> X <u> </u>)	
	with (2 nd) Porch	(<u> </u> X <u> </u>)	
	with a Deck	(<u> </u> X <u> </u>)	
	with (2 nd) Deck	(<u> </u> X <u> </u>)	
<input type="checkbox"/> Commercial Use	with Attached Garage	(<u> </u> X <u> </u>)	
	Secretarial Staff	(<u> </u> X <u> </u>)	
	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u> </u> X <u> </u>)	
	Mobile Home (manufactured date) <u>1984</u>	(<u>14</u> X <u>70</u>)	<u>980</u>
	Addition/Alteration (specify) _____	(<u> </u> X <u> </u>)	
	Accessory Building (specify) _____	(<u> </u> X <u> </u>)	
	Accessory Building Addition/Alteration (specify) _____	(<u> </u> X <u> </u>)	
	Special Use: (explain) _____	(<u> </u> X <u> </u>)	
	Conditional Use: (explain) _____	(<u> </u> X <u> </u>)	
	Other: (explain) _____	(<u> </u> X <u> </u>)	
<input type="checkbox"/> Municipal Use			

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date 2 MAY 17
(If there are Multiple Owners listed on the Deed All Owners must sign (letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____

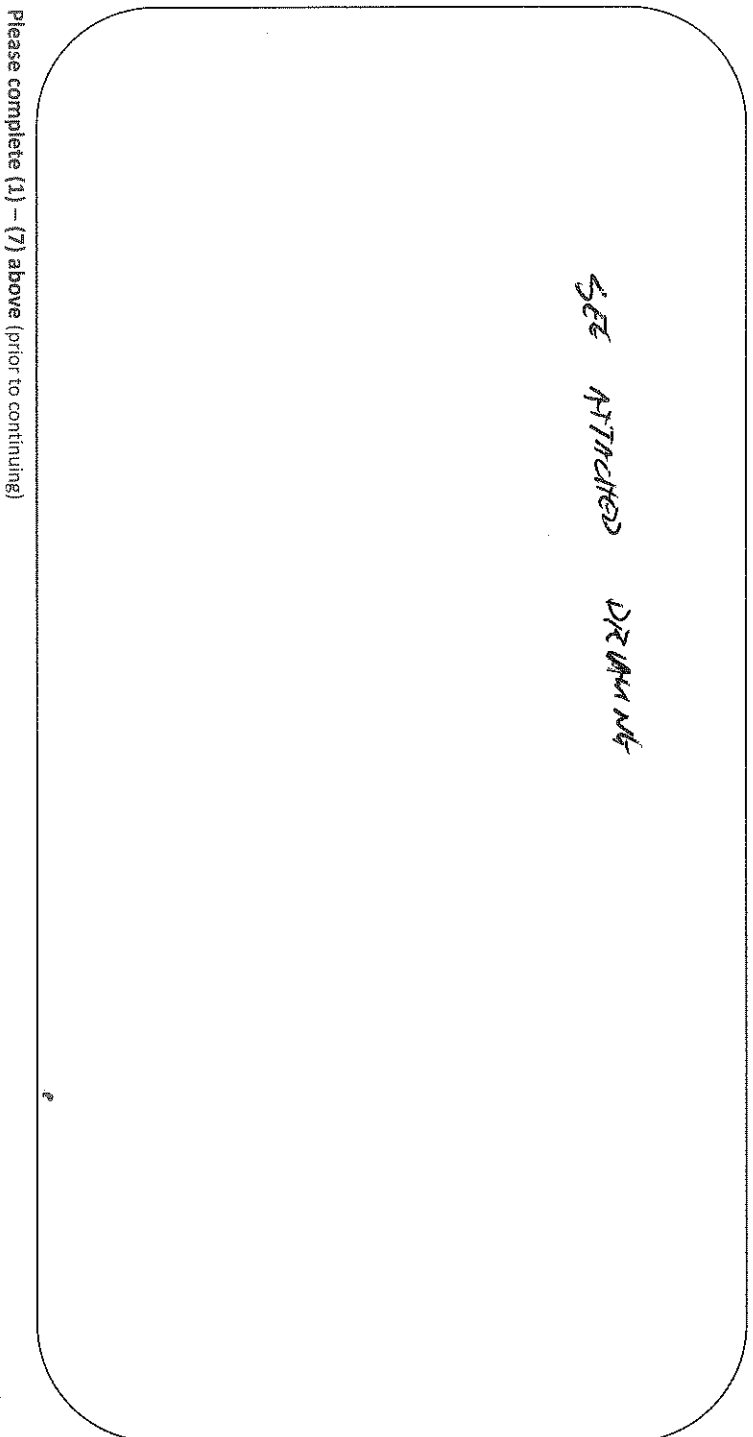
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on Your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

SEE ATTACHED DRAWING



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	194 Feet	Setback from the Lake (ordinary high-water mark)	246 Feet
Setback from the Established Right-of-Way	141 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	475 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	465 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	155 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	141 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	75 Feet	Setback to Well	Unknown Feet
Setback to Drain Field	75 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-0008T		Permit Date: 5-03-17		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lots) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached
Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Affidavit Required Affidavit Attached
Case #: N/A		Case #: N/A		
Was Parcel Legally Created Was Proposed Building Site Delimited		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	
Inspection Record: Project location as represented by owner appears correct Code Complaint OK To issue final permit		Zoning District (R3) Lakes Classification (1)		
Date of inspection: 5/22/2017		Inspected by: Robert Schumann		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)				
Permit Expires 12 months from date of issuance. Mobile Home to be removed at that point unless a Land Use Permit has been issued for permanent placement.				
Signature of Inspector: [Signature]		Date of Approval: 5/22/17		
Hold For Sanitary: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		



City, Village, State or Federal
Permits May Also Be Required

TEMPORARY

LAND USE – X

SANITARY – None

SIGN –

SPECIAL –

CONDITIONAL –

BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0003T** Issued To: **Michael & Nicole Kubala**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **19** Township **44** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot **1** Block Subdivision CSM# **894**

For: **Residential Other:** [Temporary permit allowing existing structure for a period of less than 1 year.
1 - Story, Mobile Home]

Condition(s): Permit expires 12 months from Date of issuance. Mobile home to be removed at that point
unless a land use permit has been used for permanent placement.

NOTE: This permit expires one year from date of issuance if the authorized construction
work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found
to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not
completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

May 23, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

DATE RECEIVED
MAY 15 2017
Bayfield Co. Zoning Dept

ENTERED

Permit #:	17-0161
Date:	5-23-17
Amount Paid:	\$100 5/15/17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name: DONALD SAGRI		Mailing Address: 14243 EAST CATHLAMET LAKE KOBO City/State/Zip: WISCONSIN WI 54873		City/State/Zip: Section 3, T14N, R95S WI 54873		Telephone: Cell Phone: 218-390-0248		
Address of Property: C&L of WILD RECD		Contractor Phone:		Plumber:		Plumber Phone:		
Authorized Agent: (person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
PROJECT LOCATION 1/4, 1/4		Legal Description: (Use Tax Statement) Tax ID# (4-5 digits) C4-C4-2-44-07-04-000-7000		Recorded Deed (i.e. # assigned by Registrar of Deeds) Document #: 2017 R 568054		Subdivision: 2-44-960 Bayfield WI		
Section 2, Township 44 N, Range 9 W		Town of: BAYFIELD		Lot Size: 360,245'		Acreage: 2.16		

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 Feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline: 5 feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO
	<input type="checkbox"/> Is Property/Land within 1000 Feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: 7 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material \$5000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Portable (w/service contract)	
					<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)		(X)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		(X)	
	with Loft		(X)	
	with a Porch		(X)	
	with (2 nd) Porch		(X)	
	with a Deck		(X)	
	with (2 nd) Deck		(X)	
<input type="checkbox"/> Commercial Use	with Attached Garage		(X)	
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities		(X)	
	Mobile Home (manufactured date)		(X)	
	Addition/Alteration (specify)		(X)	
	Accessory Building (specify) STAIRS TO LAKE		(4 X 75'	
	Accessory Building Addition/Alteration (specify)		(X)	
<input type="checkbox"/> Municipal Use	Special Use: (explain)		(X)	
	Conditional Use: (explain)		(X)	
	Other: (explain)		(X)	
Rec'd for Issuance MAY 23 2017				

Secretarial Staff FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Donald Sagri, Doreen Sagri, Donald Sagri
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date 5-15-17

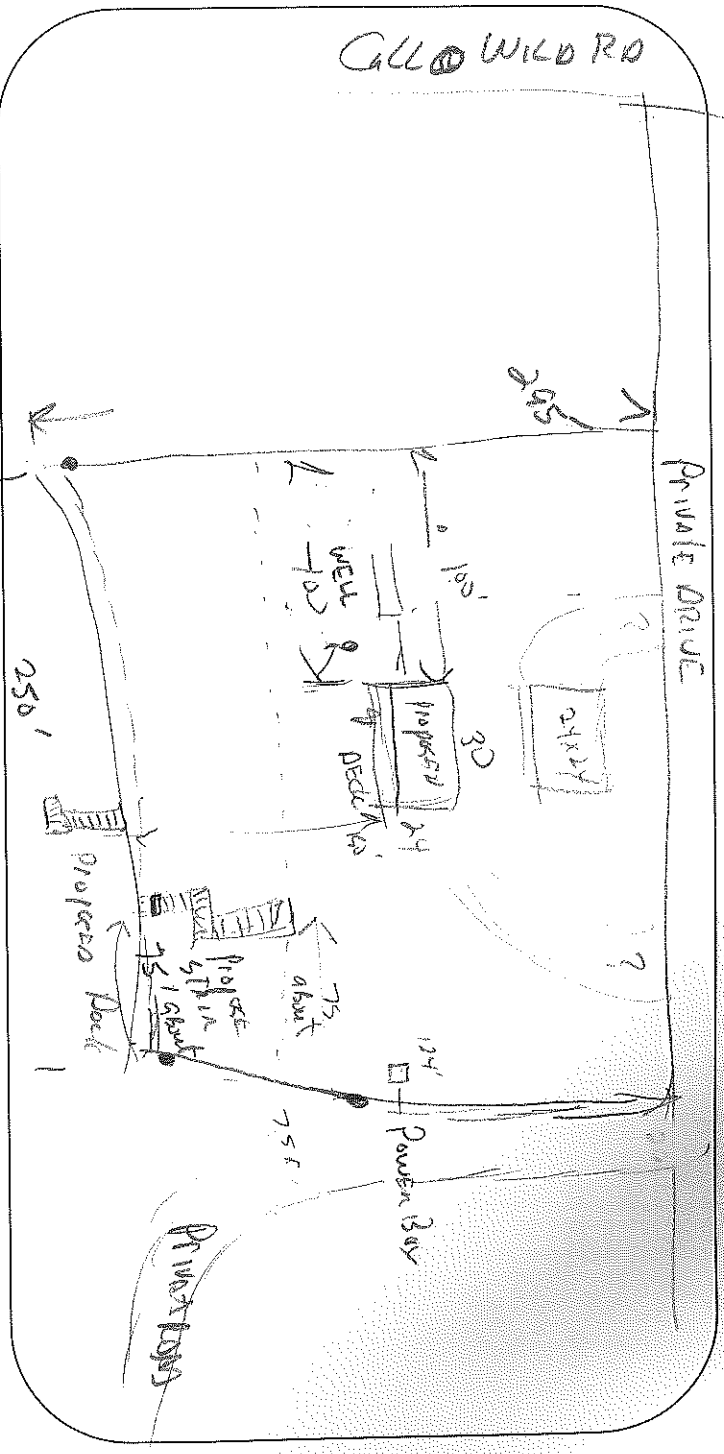
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____ Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	253 Feet	Setback from the Lake (ordinary high-water mark)	5' Feet
Setback from the Established Right-of-Way	220 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	203 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	125 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	75 Feet	20% Slope Area on Property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	75 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	NA Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 17-0161	Permit Date: 5-23-17				
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No
Granted by Variance (B.O.A.) Case #: N/A		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Affidavit Required Affidavit Attached	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Project location as represented by owner appears to be Code Compliant. Vacant property OK to issue permit.		Zoning District (R3)		Lakes Classification (Z)	
Date of Inspection: 5/22/2017		Inspected by: Robert Schirman		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.) Must Use Best Management Practices and Employ Erosion Control Measures to Stabilize Disturbed Soil and prevent silt and sediment from traveling into Smith Lake.					
Signature of Inspector: [Signature]		Date of Approval: 5/22/17			
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>	

City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – None
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0161** Issued To: **Donald & Brenda Saari**

Par in S $\frac{1}{2}$ of

Location: **NW** $\frac{1}{4}$ of - $\frac{1}{4}$ Section **2** Township **44** N. Range **9** W. Town of **Barnes**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Other: [Stairs to the Lake (4' x 75') = 300 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must use best management practices and employ erosion control measures to stabilize disturbed soil and percent silt and sediment from traveling into Smith Lake.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

May 23, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
MAY 22 2017
Bayfield Co. Zoning Dept.

Permit #: 17-0168
Date: 5-23-17
Amount Paid: 000 SITE START
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Looney Family LTD DTNISH Mailing Address: 220 17th St South City/State/Zip: Labrosse, WI 54601 Telephone: 608-304-1373

Address of Property: 50765 Painside Rd City/State/Zip: Barnes WI 54873 Cell Phone: 608-304-1373

Contractor: Dave Christensen Const. Contractor Phone: 715-795-2358 Plumber: --- Written Authorization Attached ☒ Yes ☐ No

Authorized Agent: (Person Signing Application on behalf of Owner(s)) David A. Christensen Agent Phone: 715-795-2358 Agent Mailing Address (include City/State/Zip): 52685 Lake Rd, Barnes WI 54873 Document #: 2010 R 535069

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, --- 1/4 Gov't Lot 1 Lot(s) 1722 CSM 10 1/4 Vol & Page 1, 2, 3, 2 Block(s) No. --- Subdivision: Earl Claire Lakes Park Recorded Deed (i.e. # assigned by Register of Deeds) ---

Section 09, Township 44 N, Range 09 W Town of: Barnes Lot Size --- Acreage 4.990

☒ Shoreland ☐ Non-Shoreland

☒ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ If Yes---continue ☒ If Yes---continue ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue ☒ Distance Structure is from Shoreline: 28' feet ☐ Distance Structure is from Shoreline: --- feet ☒ Is Property in Floodplain Zone? ☐ Yes ☒ No ☒ Are Wetlands Present? ☐ Yes ☒ No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>8800.00</u>	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>---</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input checked="" type="checkbox"/> New Siding & Roof					

Existing Structure: (if permit being applied for is relevant to it) Length: 24' Width: 24' Height: 8'

Proposed Construction: Length: --- Width: --- Height: ---

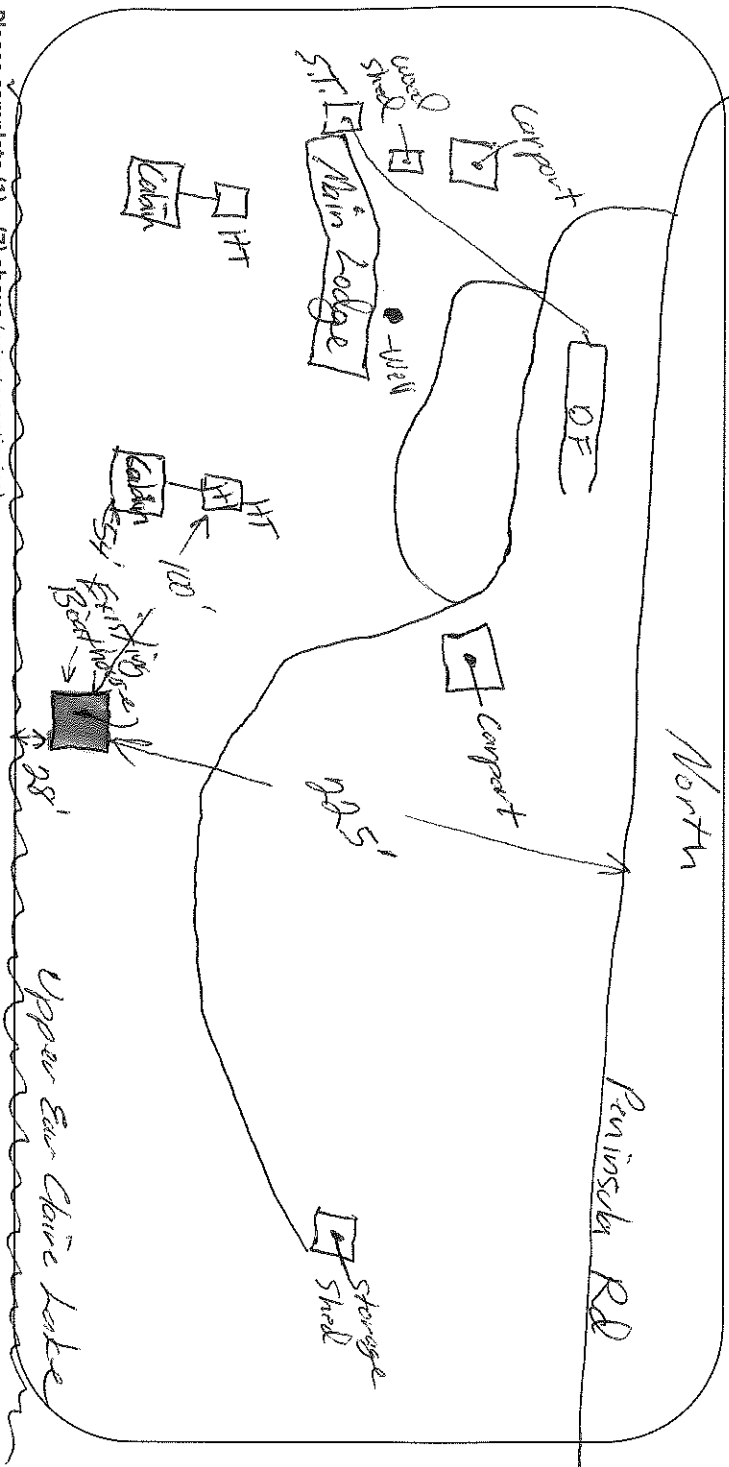
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Rec'd for Issuance	with Loft	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input checked="" type="checkbox"/> Residential Use MAY 23 2017	with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Commercial Use	with Attached Garage	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Mobile Home (manufactured date) <u>---</u>		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Addition/Alteration (specify) <u>---</u>		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Accessory Building (specify) <u>---</u>		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u>---</u>		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Special Use: (explain) <u>---</u>		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Conditional Use: (explain) <u>---</u>		(<input type="checkbox"/> X <input type="checkbox"/>)	
<input checked="" type="checkbox"/> Other: (explain) <u>Existing Bedroom, New Roof & Siding</u>		(<u>24' X 24'</u>)	<u>576</u>

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): David A. Christensen Date 5/18/2017
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: David A. Christensen
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 52685 Lake Rd, Barnes WI 54873
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)
(8) Setbacks: (measured to the closest point)
Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	225 Feet	Setback from the Lake (ordinary high-water mark)	28 Feet
Setback from the Established Right-of-Way	225 Feet	Setback from the River, Stream, Creek	28 Feet
Setback from the North Lot Line	225 Feet	Setback from the Bank or Bluff	28 Feet
Setback from the South Lot Line	225 Feet	Setback from Wetland	20% Slope Area on property
Setback from the West Lot Line	350 Feet	Elevation of Floodplain	20% Slope Area on property
Setback from the East Lot Line	225 Feet		20% Slope Area on property
Setback to Septic Tank or Holding Tank	100 Feet	Setback to Well	100 Feet
Setback to Drain Field	100 Feet		100 Feet
Setback to Privy (Portable, Composting)	100 Feet		100 Feet

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:	
Permit Denied (Date):		Reason for Denial:			
Permit #: 17-0162	Permit Date: 5-23-17				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.)	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Case #:	NA		
Was Parcel Legally Created	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Were Property Lines Represented by Owner	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		
Was Proposed Building Site Delineated	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Was Property Surveyed	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		
Inspection Record: Existing Structure (Bart House) New Sidings and Roof	Inspected by: Robert Schirwan	Zoning District	(R1)		
Date of Inspection: 5/22/2017		Lakes Classification	(10)		
Condition(s): Town, Committee or Board Conditions Attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If No they need to be attached.)					
No Human Habitation in Structure. Bart/Dock/Boat/Living Item Storage only					
Signature of Inspector: [Signature]	Date of Approval: 5/22/17				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		

City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0162** Issued To: **Logway Family LTD / David Christenson, Agent**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **9** Township **44** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot **1** Block Subdivision **1722** CSM#

For: **Residential Accessory Structure Alteration: [1- Story; Existing Boathouse (New Roof) (24' x 24') = 576 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No human habitation in structure. Boat/dock/boating items storage only.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

May 23, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
MAY 22 2017
Bayfield Co. Zoning Dept.

Permit #: 17-0163
ENTERED
Amount Paid: 523-17
31212017
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		270		Mailing Address:		City/State/Zip:		Telephone:
Address of Property:		LOGWAY FAMILY PTNSHP		220 17 th St South		LaCrosse WI 54601		Cell Phone:
50765 Peninsula Rd		Barnes WI 54873		54873		608-304-1373		Plumber Phone:
Contractor:		Darr Christensen Const.		Contractor Phone:		715-795-2358		Plumber:
Authorized Agent: (Person Signing Application on behalf of Owner(s))		David A. Christensen		Agent Phone:		715-795-2358		Agent Mailing Address (include City/State/Zip):
50765 Peninsula Rd		Barnes WI 54873		54873		54873		Written Authorization Attached
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID # (4-5 digits)		Recorded Deed (i.e. # assigned by Register of Deeds)		Document #:
1/4, 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page
1/4, 1/4		1		1722		W10.144		1, 2, 3
Section 09, Township 44 N, Range 09 W		Town of:		Barnes		Subdivision:		Lot Size
4.990		Acreage		4.990		Eau Claire Lakes Park		

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: 101 feet	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone?	Are Wetlands Present?
<input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: feet	Distance Structure is from Shoreline: feet	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 9200.00	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <u>Wells</u>	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon)		
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)		
	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet		

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 20'	Width: 14'	Height: 8'

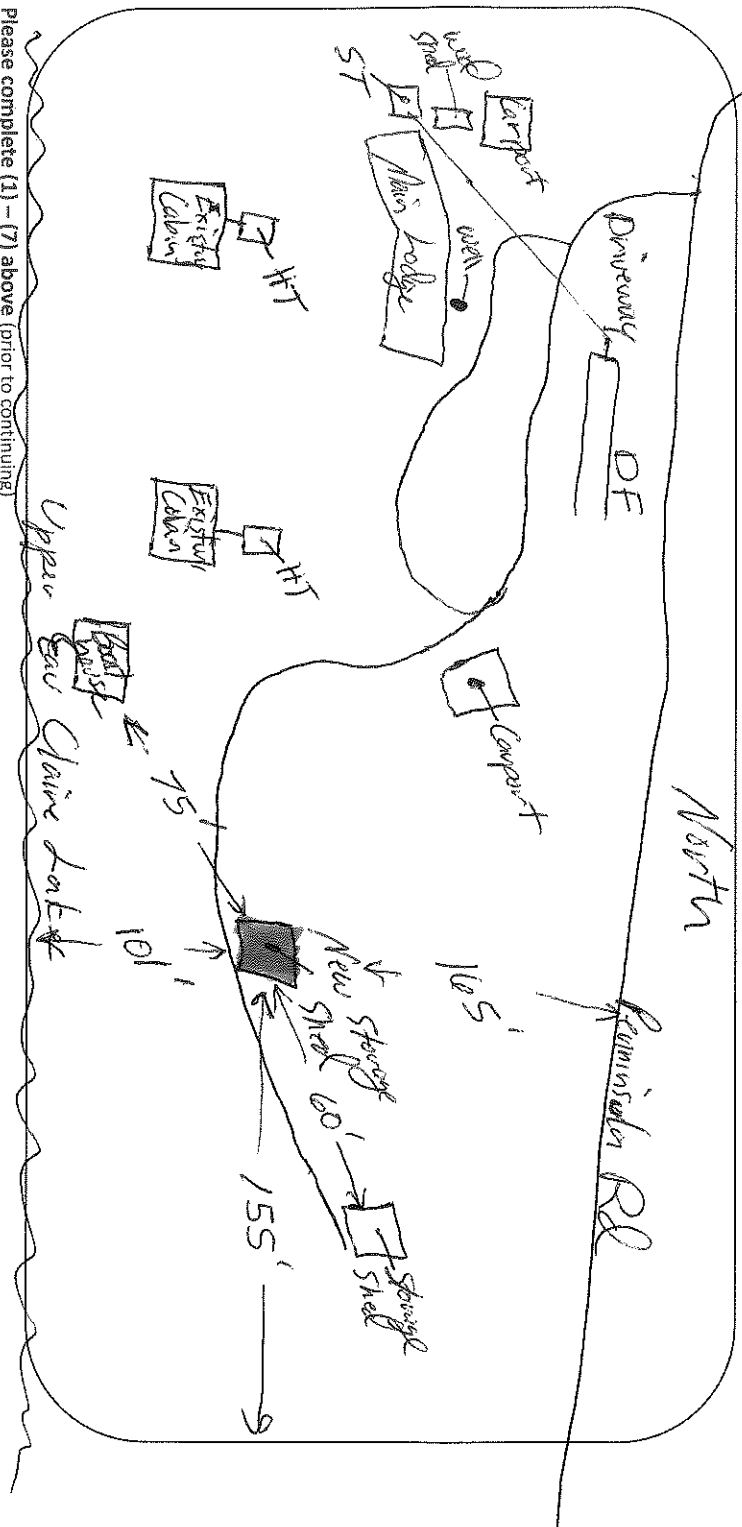
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() X ()	
<input checked="" type="checkbox"/> Rec'd for Issuance	Residence (i.e. cabin, hunting shack, etc.)	() X ()	
	with Loft	() X ()	
	with a Porch	() X ()	
	with (2 nd) Porch	() X ()	
	with a Deck	() X ()	
	with (2 nd) Deck	() X ()	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X ()	
<input type="checkbox"/> Sec'd for Staff	Mobile Home (manufactured date)	() X ()	
	Addition/Alteration (specify)	() X ()	
	Accessory Building (specify)	() X ()	
	Accessory Building Addition/Alteration (specify)	() X ()	
<input type="checkbox"/> Municipal Use	Special Use: (explain)	() X ()	
	Conditional Use: (explain)	() X ()	
	Other: (explain)	() X ()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date: 5/18/2017
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: David A. Christensen
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit: 52685 Lake Rd, Barnes WI 54873
Date: 5/18/2017

Box below: Draw or sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	165' Feet	Setback from the Lake (ordinary high-water mark)	101' Feet
Setback from the Established Right-of-Way	142' Feet	Setback from the River, Stream, Creek	101' Feet
Setback from the North Lot Line	149' Feet	Setback from the Bank or Bluff	101' Feet
Setback from the South Lot Line	101' Feet	Setback from Wetland	101' Feet
Setback from the West Lot Line	430' Feet	20% Slope Area on property	101' Feet
Setback from the East Lot Line	155' Feet	Elevation of Floodplain	155' Feet
Setback to Septic Tank or Holding Tank	101' Feet	Setback to Well	155' Feet
Setback to Drain Field	101' Feet		
Setback to Privy (Portable, Composting)	101' Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:	
Permit Denied (Date):		Reason for Denial:			
Permit #: 17-0163		Permit Date: 5-23-17			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Case #: NA	Previously Granted by Variance (B.O.A.)		Case #: NA
Was Parcel Legally Created	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: Project location identified w/ pin flags		Location as represented by agent appears code compliant		Zoning District (R1)	
Date of inspection: 5/22/17		Inspected by: Robert Schuman		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)					
Not to be used for human habitation					
Signature of Inspector: [Signature]					
Date of Approval: 5/22/17					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		

own, City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0163** Issued To: **Logway Family LTD / David Christenson, Agent**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **9** Township **44** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot **1** Block Subdivision CSM# **1722**

For: **Residential Accessory Structure: [1- Story; Shed (14' x 20') = 280 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Not to be used for human habitation. No water under pressure to enter structure unless served by approved POWTS.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

May 23, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
JAN 10 2017
Bayfield Co. Zoning Dept.

Permit #: 17-0183
Date: 5-31-17
Amount Paid:
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☐ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Weyerhaeuser Co. Mailing Address: 220. Deciduae City/State/Zip: Sauk WI 98104 Telephone: -

Address of Property: 48520 State Highway 27 City/State/Zip: Barnes, WI 54873 Cell Phone: -

Contractor: Wileston Materials (Div. of Marky Const.) Contractor Phone: (608) 783-6411 Plumber: NA Plumber Phone: NA

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Andrew Peters Agent Phone: (608) 783-6411 Agent Mailing Address (include City/State/Zip): 920 10th Ave. N. Oulasles, WI, 54650 Written Authorization Attached ☒ Yes ☐ No

PROJECT LOCATION: Legal Description: (Use Tax Statement) SE 1/4, NE 1/4 Gov't Lot - Lot(s) - CSM - Vol & Page - Lot(s) No. - Block(s) No. - Subdivision: - Recorded Document: (i.e. Property Ownership) Vol. 44k. Page(s) 44k.

Section 21, Township 44 N. Range 9 W Town of: Barnes Lot Size - Acreage 40

☐ Shoreland ☒ Is Property/Land within 300 feet of River, Stream (ind. intermittent) Creek or Landward side of Floodplain? If Yes—continue → Distance Structure is from Shoreline: NA feet

☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes—continue → Distance Structure is from Shoreline: NA feet

☐ Non-Shoreland

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ NA	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: <u>-</u>	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> -	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>-</u>	<input type="checkbox"/> -
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> -
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> -
	<input checked="" type="checkbox"/> Aggregate Quarry	<input checked="" type="checkbox"/> NA			<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it) Length: Width: Height: Proposed Construction: Length: Width: Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(X)	
	<input type="checkbox"/> with Loft	(X)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with a Porch	(X)	
	<input type="checkbox"/> with (2nd) Porch	(X)	
	<input type="checkbox"/> with a Deck	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> with (2nd) Deck	(X)	
	<input type="checkbox"/> with Attached Garage	(X)	
	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	(X)	
	<input type="checkbox"/> Mobile Home (manufactured date)	(X)	
	<input type="checkbox"/> Addition/Alteration (specify)	(X)	
	<input type="checkbox"/> Accessory Building (specify)	(X)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	(X)	
	<input type="checkbox"/> Special Use: (explain)	(X)	
	<input checked="" type="checkbox"/> Conditional Use: (explain) <u>Aggregate Quarry</u>	(X)	NA
	<input type="checkbox"/> Other: (explain)	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

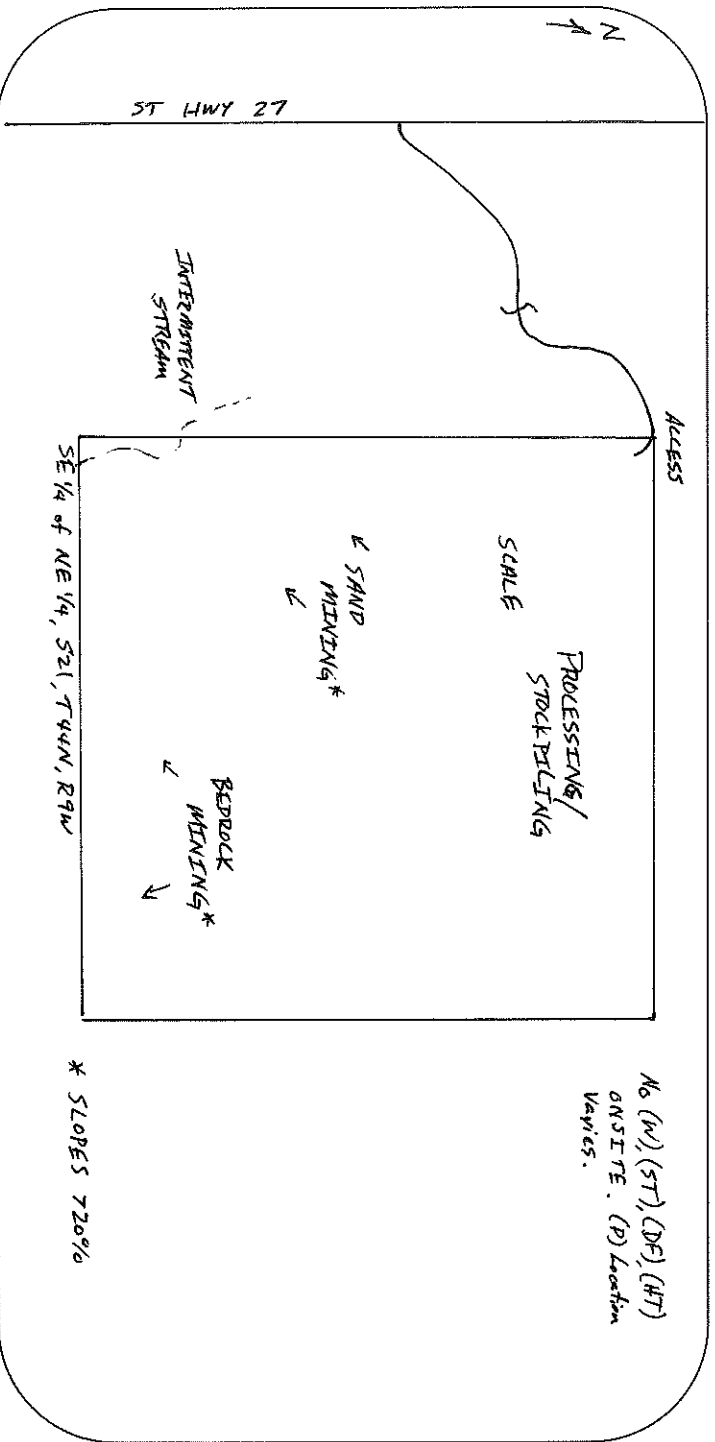
Owner(s): _____ Date _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: ALP _____ Date 1/9/2017
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 920 10th Ave. North, Oulasles, WI, 54650

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement
Attach
0000005
If you recently purchased the property send your Recorded Deed

the box below. Draw or sketch your property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain field	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-0183		Permit Date: 5-31-17		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Deed of Record <input type="checkbox"/> Yes (fused/contiguous lots) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No		Case #:		
Was Parcel Legally Created Was Proposed Building Site Delineated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	
Inspection Record: Existing operation in compliance with previous permit.		Mitigation Required Mitigation Attached		Affidavit Required Affidavit Attached
Date of Inspection:		Inspected by: Robert Scherman		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? Yes <input type="checkbox"/> No <input type="checkbox"/> (if No they need to be attached.)				
Per Conditions of ordinance and Zoning Committee decision.				
Signature of Inspector:		Date of Approval: 5/30/2017		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input checked="" type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>

City, Village, State or Federal
May Also Be Required

USE – X
TARY –
GN –
SPECIAL –
CONDITIONAL – ZC 5/18/2017
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0183** Issued To: **Weyerhaeuser Co**

Location: **SE** ¼ of **NE** ¼ Section **21** Township **44** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot Block Subdivision CSM#

For: **Commercial Other: [Non-metallic Mine / Aggregate Quarry]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Per condition of ordinance and Zoning Committee. Committee Conditions: 5-year duration, expires May 31, 2022. Hours of operation from 6:30 am to 6:30 pm. Crushing & blasting hours from 7 am to 5 pm Monday through Friday

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

May 31, 2017

Date